

(SON label/code: ) \_\_\_\_\_

*U. S. Office of Personnel Management  
Investigations Service  
Federal Investigations Processing Center  
PO Box 618  
Boyers, PA 16018-0618  
Commercial 724 794-5612 FAX 724 794-2891*

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**SUBMITTING OFFICE NUMBER (SON) AUTHORIZATION AND AMENDMENT FORM**

**ATTENTION: PERSONNEL OFFICER**

OPM authorizes an SON for each Personnel Office that submits investigation requests and to make case status requests. The SON data is used to mail a variety of investigative notices, and to contact a submitting office to clarify information that may otherwise delay an investigation. OPM-FIPC must have current information on:

- ☒ Agency name and mailing address; and
- ☒ Name, position, and phone numbers of a contact person.

To request an SON or advise OPM of SON changes, complete the necessary items on the form below. Mail or fax the completed form to the address on the top of this form, attention Program Services Office (PSO). For additional information and/or assistance, call OPM-FIPC, PSO at 724 794-5612.

1. SON: \_\_\_\_\_ [ ] Check this block if requesting a new SON

2. SOI: \_\_\_\_\_

3. [ ] Change/add Online Payment And Collection (OPAC) Agency Location Code (ALC): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

4. [ ] Change/add Agency Name/Address:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. [ ] Add Contact Person:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

6. [ ] Delete Contact Person:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

7. [ ] Change/add SON Contact telephone numbers: Commercial: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

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*This form should be duplicated as needed*